



CME Program in Ayurveda on Cervical Spondylosis

(November 28, 2010)

REGISTRATION FORM

Name : Dr. _____

Registration Number : _____

Council/Board registered with : _____

Sex : Male/Female.

Specialty:(tick one) General Practitioner Post Graduate PhD

Full Address:

1. Residential _____

2. Office _____

Phone No. with code:

1. Mobile _____

2. Office: _____

3. Residence _____

4. Fax: _____

E-mail: _____

Instruction:

1. Only Registered Medical practitioners can participate.
2. Registration to attend the CME is completely free; No TA/DA will be given.
3. The participants have to make their own boarding and lodging arrangements
4. Duly filled in form should be send to info@ayurvedaconferences.org (scanned) or the hard copy to AVT Institute for Advanced Research, (AVTAR), 136/137, Trichy Road, Ramanathapuram P.O., Coimbatore - 641045, Tamil Nadu, India.

I agree to attend the program without fail; in event of failure to attend the program, I assure that I will intimate the organizers 3 days in advance of the program

Date :

Signature :

Please be advised of The Ayurvedic Trust's policy of adherence to the registration deadline to avoid any possible refusal of late registration.

Please take a printout and duly fill in the details with signature, a scanned copy could be emailed to avoid any delay.